Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE ADVANCED PHARMA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | I |
| Page Count | 02 |
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Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607,0502, 617,050 unge is submitted for a corporation organ | nized under the laws of the State of | Florida |
|---|---|--|--|
| | r to change its registered office or regist | • | Florida. |
| 1. The name of t | the corporation: ADVANCED PHARMA, | nvc. | |
| 2. The principal | office address: 8650 SW 133 Avenue Road | d #305, Miami, FL 33183 | ************************************** |
| 3. The mailing a | ddress (if different): 24416 N. 19th Avenu | ie, Phoenix, AZ 85085 | |
| 4. Date of incorp | poration/qualification: 03/27/2008 | Document number: P030000 |)58895 |
| | street address of the current registered a tment of State: (If resigned, enter resigned | | rith the |
| | JAIRO R. RUIZ | | |
| | 8650 SW 133 AVENUE ROAD #305 MI | AMI, FL 33183 | 38 188 |
| | | | SFEE CREE |
| 6. The name and (if changed): | street address of the new registered ager | nt (if changed) and /or registered of | |
| | C T Corporation System | | AM 7: W |
| | c/o C T Corporation System, 1200 South P | | PAR \$ |
| | P.O. Box NOT | acceptable | |
| | Plantation, Florida 33324 | | |
| The street addre as changed will | ss of its registered office and the street a be identical. | address of the business office of it | s registered agent. |
| Such change was authorized by th | s authorized by resolution duly adopted e board, or the Corporation has been not | by its board of directors or by antified in writing of the change. | officer so |
| 7/1/2 | | Heather A. Lang, Assistant Secretar | y |
| Pilingia | c of an officer of director | Printed or typed name and till | k- |
| l further agree to performance of t agent. Or, if thi | the appointment as registered agent and ocomply with the provisions of all state my duties, and I am familiar with and act socument is being filed merely to reflect the corporation has been notified in | ites relative to the proper and com ccept the obligation of my position ect a change in the registered offic | i as registered |
| C T Com | poration System Webel Willo | 2-1-2019 | |
| Sign | agure of Registered Agent | Date | |
| If signing on bel | naif of an entity: | | |
| Michele M | liller, Asst. Secretary | | |
| Ty | ped or Printed Name | | |

* * * FU.ING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)